

DOUGLAS J. M^EBRIDE
P.O. BOX 11025
GLENDALE, AZ 85318

Pg 1 of 4

CASE # 05-44481 (RDD)
RE: CHAPTER 11 DELPHI CORPORATION

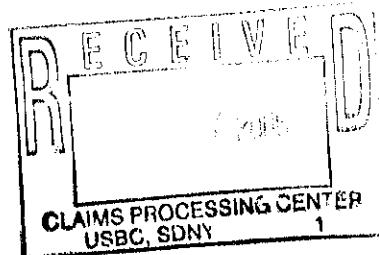
EXCEPTION IS TAKEN TO THE CORRESPONDENCE OF KURTZMAN CARSON CONSULTANTS LLC, WHO DISALLOWED MY CLAIM.

I OWN A BOND(S) AND NOT COMMON STOCK AS INDICATED IN THE CORRESPONDENCE FROM KURTZMAN CARSON.

REFERENCE THE ATTACHED CONFIRMATION NOTICE WITH THE CUSIP NUMBER # 247126 AD7, WHICH BELONGS TO A BOND.

Douglas J. McBride
DOUGLAS J. M^EBRIDE

Nov. 13, 2006



Bank of America
Investment Services, Inc.

NOT FDIC INSURED | May Lose Value | No Bank Guarantee

Bank of America Investment Services, Inc. is a registered broker-dealer and member NASD

Brokerage No. W82-305995	Type 1 *	Reg Rep 6LD 6LD	Trade Date 06-14-05	Settlement Date 06-17-05	Trans No. 471097	Cusip 247126AD7	Exc 4 *	Orig *
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YOU BOUGHT 5,000 AT 99.249

SECURITY DESCRIPTION

DELPHI CORP NT MAKE WHOLE
 WE HAVE ACTED AS PRINCIPAL.
 COUPON 6.5500% MATURITY DATE
 06/15/2006 YIELD TO MATURITY 7.346%
 MOODY'S B3 STANDARD & POOR'S B-
 INTEREST PAID SEMI-ANNUALLY
 SOLICITED ORDER

Principal Amount	4,962.45
Interest	1.82
Commission	0.00
State Tax	0.00
Miscellaneous Charges	0.00
Regulatory Fee/Pstg	0.00
POST/SERV FEE	5.00
Settlement Amount	4,969.27

REF # 05165-471097

CONFIRMATION NOTICE

THE TRANSACTION MAY HAVE BEEN EXECUTED WITH BANC OF AMERICA SECURITIES L.L.C.,
 AN AFFILIATE, WHICH RECEIVES COMPENSATION FOR ANY SUCH SERVICES.

FOR QUESTIONS CALL:
 DONNA SHUROT
 (800) 822-2222

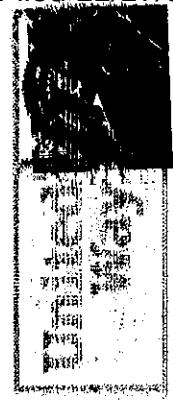
BROKERAGE NUMBER	W82-305995
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NFS/FMTC ROLLOVER IRA
 FBO DOUGLAS J MCBRIDE
 PO BOX 11025
 GLENDALE AZ 85318

BANC OF AMERICA
 INVESTMENT SERVICES, INC.
 900 W. TRADE STREET
 NC1-026-05-01
 CHARLOTTE, NC 28255

ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES LLC ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

UNITED STATES BANKRUPTCY COURT <u>Southern</u>		DISTRICT OF <u>New York</u>	PROOF OF CLAIM
Name of Debtor <u>Delphi Corporation</u>	Case Number <u>05-44481</u>	<input checked="" type="checkbox"/> Date Stamped Copy Returned <input type="checkbox"/> No self addressed stamped envelope <input type="checkbox"/> No copy to return	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>DOUGLAS J. M. BRIDE</u> <u>Depository Trust Company Treasurers Dept</u> Name and address where notices should be sent: <u>DOUGLAS J. M. BRIDE</u> <u>P.O. Box 11025</u> <u>GLENDALE, AZ 85318</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone number: <u>623-773-2243</u> Account or other number by which creditor identifies debtor:		<small>THIS SPACE IS FOR COURT USE ONLY</small> Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Other <u>DELPHI BONDS (SEE ATTACHED)</u>			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: <u>(06-14-05) Oct. 8, 2005</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>496,927 + DIVIDENDS</u> <small>(unsecured) (secured) (priority) (Total)</small> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____			
6. Unsecured Nonpriority Claim: \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000), * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8</small>			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		<small>THIS SPACE IS FOR COURT USE ONLY</small>	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of banking accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: <u>07-20-06</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)		<small>THIS SPACE IS FOR COURT USE ONLY</small>	
<u>DOUGLAS J. M. BRIDE</u>			



P.O. Box 11025
GLENDALE, AZ 85318

PHOENIX, AZ 85001
13 NOV 2006 PRE-1

HONORABLE ROBERT D. DRAIN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
DELPHI CORPORATION CLAIMS
Bouldin Green Station
P.O. Box 5058
New York, N.Y. 10204-5058

cc: T&T, Inc.